THE CONFIDENCE AND INSIGHT YOU CAN OFFER

TRANSAMERICA UNDERWRITING PRIMER: TIPS, FAQS, AND COMMON IMPAIRMENTS

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TRANSAMERICA®

No one likes surprises when they're writing business. In an ever-changing landscape, tools that empower you with knowledge to quickly and efficiently help clients obtain coverage can help set your practice apart.

The **Transamerica Underwriting Primer: Tips, FAQs, and Common Impairments** is designed to position your submissions for success while enhancing the value you deliver and creating a superior experience for your clients.

This guide:

- Shows what distinguishes Transamerica underwriting from other providers
- Provides you with insight to confidently broach delicate topics in a caring, sensitive manner
- Points out common underwriting pitfalls and how to avoid them
- Describes certain conditions that might impact eligibility and how to handle them
- Details practical information field agents can access to provide a personal approach

At Transamerica, we're in the business of helping people live well. Clients want to live long, healthy lives with the financial means to do so. They're concerned about healthcare costs, retirement readiness, and protecting their family's quality of life. Transamerica is committed to helping them prepare for every part of that future. Clients want agents who know them, who know the health challenges they face, and who suggest the appropriate insurance solutions.

FAQs

Use this guide to see the bigger picture in your clients' lives, and deliver the confidence and insight they are seeking.

WHAT IS TRANSAMERICA'S UNDERWRITING PHILOSOPHY?

Transamerica's goal is to offer the best rate available for the underwritten risk regardless of the applied-for rate. For example, if you submit a case at standard rates and the insured qualifies for preferred rates, Transamerica will offer coverage at preferred rates.

We don't expect you to be field underwriting experts. We're here to help you with quick-quoting tools and easy access to underwriters for complex cases.

WHAT DIFFERENTIATES TRANSAMERICA FROM OTHER CARRIERS?

- Extensive experience with mortality and morbidity underwriting
- Seasoned team of underwriters specializing in foreign nationals
- Proficiency in aviation underwriting
- Options like LTC and living benefits riders

Beyond offering standard rates, Transamerica may offer preferred rates for the following conditions:

- Smokers may be eligible for preferred smoker rates, depending on age and face amount
- Cancer (e.g. some forms of non-melanoma skin cancers; and some prostate, testicular, thyroid, colon, endometrial, cervical, bladder and renal cancers once 10 years post treatment)

We offer fast-track underwriting to help you place life cases in as little as two to five days, sometimes in as little as 48 hours, including:

- Point of sale decision for *Trendsetter® Super*, *Trendsetter® LB*, and *Transamerica Financial Foundation IUL®*
- Nonmedical rate bands
- Minimal underwriting requirements
- Electronic application and e-contract delivery

WHAT IS THE DIFFERENCE BETWEEN NONMEDICAL AND GUARANTEED ISSUE?

Nonmedical means that initial underwriting requirements do not include a paramedical exam with labs, although these may be required upon case review at underwriter discretion. All nonmedical applications are subject to a Medical Information Bureau (MIB) report, motor vehicle report, prescription check, medical data check, personal history, and medical history (Application Part 2). The best rate class available for nonmedical cases is Standard or Standard Smoker. Please refer to product guides for nonmedical rate bands, which vary by product, issue age, face amount, and risk class.

Guaranteed issue, as the name implies, guarantees certain life insurance policies will be issued, regardless of health. Since the insured cannot be declined or turned down, carriers generally offer low death benefit options with higher-than-normal premiums. We do not currently offer any guaranteed issue policies.

WHAT CONDITIONS MAY MAKE MY CLIENT INELIGIBLE FOR THE LIVING BENEFIT OR LONG TERM CARE RIDERS?

LIVING BENEFIT RIDERS	ISSUES WITH ELIGIBILITY*		TYPICAL REQUIREMENTS
LTC RIDER AND CHRONIC ILLNESS RIDER	Base life rating greater than table D or $2.50 flat extra Carries Medicaid coverage Having a designated power of attorney Any cognitive impairment Prescribed handicap parking Difficulty with ADLs** Use of walker or wheelchair	Residing in continuing care community or facility Chronic medical conditions without regular follow up Illicit drug use Current treatment for cancer Current pregnancy through 3 months postpartum To qualify for chronic illness coverage, the morbidity assessment cannot exceed the mortality assessment rate.	Normal base age and amount Copy of green card if not a U.S. citizen LTC personal history interview, over age 59 LTC cognitive screen, over age 59 Attending physician's statement (APS) for cause and ages 65+ LTC face-to-face assessment, over age 69 Additional requirements at underwriter's discretion
	LTC and Living Benefit Riders only available to U.S. citizens and green card holders.		
CRITICAL ILLNESS RIDER	Certain medical conditions such as heart attack, stroke, cancer, end-stage renal failure, major organ transplant, paralysis, AIDS, aplastic anemia, coronary angioplasty, coronary bypass, motor neuron disease, and central nervous disease		Normal base age and amount Additional requirements at underwriter's discretion
TERMINAL ILLNESS RIDER	Rider is inherent in *Trendsetter Super*, *Trendsetter LB*, and *Transamerica Financial Foundation IUL* policies.		

WHAT SHOULD I DO IF MY CLIENT HAS SEEN A SPECIALIST, RECEIVED TREATMENT, OR HAS ITEMS THAT MAY APPEAR IN A MIB OR PRESCRIPTION CHECK?

To help your clients obtain the coverage they need, be sure to ask the necessary questions — even the uncomfortable ones. Obtain the following information for all healthcare providers or facilities treating them.

- Provider's Name
- Specialty
- Address
- Phone number
- Date last seen
- Reason for last visit
- Results of visit
- Was any testing or treatment recommended?
  If yes, details (results of testing, type of treatment)
- Frequency of visits (How often seen?)

* Contact underwriting for more information on eligibility.
** ADL's are Activities of Daily Living and include bathing, continence, eating, dressing, toileting, and transferring.

WHY DOES AN APS TAKE SO LONG?

The APS, also referred to as an attending physician's statement or medical records, typically extends the underwriting cycle time due to the processing time required by the doctor's office to act on our request to send us the medical records. APS guidelines vary based on age, face amount, and riders. Transamerica typically orders medical records on less than 20% of term life cases, and an APS would generally not be requested for an admitted annual exam that was normal. Oftentimes an APS is requested when significant medical impairments exist or to resolve any discrepancies in information provided; therefore the more complete and accurate the information on the application, the less likely an APS will be needed.

To expedite the APS process:

- Provide complete and legible doctor contact information, including address, phone, and fax number
- Check the pending report regularly, as some physician offices require special authorization unique to their medical facility that must be completed by the insured before the physician will release records
- Have the proposed insured contact the doctor to request his or her office expedite processing the request

HOW DOES CIGAR USAGE, VAPING, E-CIGARETTES, NICOTINE, AND MARIJUANA IMPACT UNDERWRITING?

Tobacco use is defined as using any tobacco product such as cigarettes, cigars, chewing tobacco, nicotine patch, lozenge/gum, e-cigarettes,* vapes,* pipes, or hookah within the past 24 months.

Celebratory cigars are considered "tobacco use" but may not result in tobacco rates subject to frequency or use in combination with other tobacco products.

Marijuana use, recreational or medicinal may result in tobacco rates subject to frequency and method of use in combination with other tobacco products.

* E-cigs and vapes both vaporize a liquid to be inhaled that may or may not contain nicotine. Any use is considered tobacco use since the inhalation of these vaporized liquids with or without nicotine can cause adverse long-term effects to the lungs and respiratory tract.

WHAT ARE JUVENILE GUIDELINES?

We allow coverage for a child up to 50% of the amount in force on the highest insured parent, excluding group or employer coverage. This does not apply in New York or Washington which have state-specific statutes that take precedence over our guidelines. Call your home office for more information.

COMMON IMPAIRMENTS

DIABETES

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard to table 8	At underwriter's discretion	Onset date? Current treatment/medications? Any history of complications? Any ER visits/hospitalization for diabetes? Dates? Any history of comorbidities? Any cardiac surgery? Date and number of vessels affected? Last A1C reading? Last tobacco/nicotine use?	Type 1: Age < 20 A1C > 9.0 or uncontrolled Type 2: Age < 30 with a dx > 15 yrs ago. A1C > 10.0 or uncontrolled or: Comorbidities resulting in rating > table 4 Amputation or skin ulcer Hospitalization in last 6 months or multiple stays Peripheral artery disease Stroke in last 12 months Current pregnancy Renal failure	Obesity Cardiovascular disease Heart attack Stroke or TIA Kidney disease/ Nephropathy Amputation Neuropathy Retinopathy Hypertension Elevated cholesterol or triglycerides Any tobacco or nicotine use
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline			Insulin dependence Juvenile onset A1C > 7.9 or uncontrolled Stroke history	
CHRONIC ILLNESS RIDER[1]	Yes		Yes		Current age < 31 Type 1 or insulin dependence Juvenile onset A1C > 7.9 or uncontrolled Stroke history Multiple comorbidities of any additional rating > table 4 Not a U.S. citizen or green card holder	
LTC RIDER	Yes	Standard or decline				
MONTHLY DISABILITY INCOME RIDER	No					

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[1] To qualify for chronic illness coverage, the morbidity assessment cannot exceed the mortality assessment rate.

** Products, riders, and rate classes shown are not guaranteed but a range of potential offers of which a declination is possible. Actual offers will be subject to underwriting. *Trendsetter® LB* only available for risks through table 4.

*** Potential comorbid conditions compound the overall risk profile and may result in additional debits or a decline in coverage.

CARDIAC CAD/MI

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Age: < 40 – decline 40 to 45 – table 6 to decline 46 to 59 – table 4 to decline 60 & up – table 2 to decline	Yes	Date of heart attack or surgery? Type of surgery (stent, angioplasty, bypass) Number of vessels? Symptoms since surgery? Any limits on physical activity? Prescribed medications? Date of last cardiac testing and results? Cardiologist name/address/ phone number and last time seen Any history of comorbidities?	< 1 month from angioplasty or stent < 3 months from cardiac bypass Current Age < 40 Multiple comorbidities	Stroke or TIA Peripheral vascular disease Obesity Diabetes Hypertension Elevated cholesterol or triglycerides Carotid artery disease Tobacco
CRITICAL ILLNESS RIDER	No	N/A	N/A			
CHRONIC ILLNESS RIDER[1]	Yes	Standard if base rate table 4 or better, otherwise decline	Yes		Stroke (CVA), within 2 years, multiple, or in combination with diabetes No medical follow up in last 2 years Any presence of chest pain, shortness of breath, dizziness, arrhythmia	
LTC RIDER	Yes	Standard to table 4	Yes			
MONTHLY DISABILITY INCOME RIDER	No					

ANXIETY/MOOD DISORDER (NOT INCLUDING DEPRESSION, MAJOR DEPRESSIVE DISORDERS)*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild* – Stable, no time lost from work, low-dose single medication, no antipsychotic meds, no alcohol abuse or adverse driving – standard Moderate – Satisfactory response to treatment, out-patient therapy, no more than 1 – 2 weeks off work – tables 2 to 4 Severe or disabled – Suicide attempts, inpatient hospitalization – decline	At underwriter's discretion	Diagnosis? Date of diagnosis? Current medications or treatment? Currently disabled? Any time off work due to condition? Dates off work? Any hospitalizations? Dates of hospitalizations? Any suicide attempts or thoughts? When? Any family history of suicide or attempt? Which member? Any history of comorbidities?	History of drug and/ or alcohol abuse in last 7 years Hospitalization in last 12 months Suicide attempt or thoughts within last 12 months Multiple suicide attempts	Panic disorder Obsessive-compulsive disorder Cognitive disorders Somatoform disorders Personality disorders Sleep disorders Drug and/or alcohol abuse Suicide attempt Cardiovascular disorders Immune disorders Cancer
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes				Diagnosis in last 6 months Any hospitalization in last 12 months	
LTC RIDER	Yes	Mild – preferred to standard Moderate – standard to table 1 Severe – decline				
MONTHLY DISABILITY INCOME RIDER	No					

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ASTHMA*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Adult nonsmoker: Mild* – standard to table 2; Moderate – tables 3 to 8; Severe – decline Adult smoker: Mild – tables 2 to 4; Moderate – table 8; Severe – decline Children: < Age 6: all cases – decline Children ages 6 to 17: Mild, diagnosed > 1 year: standard to table 2, otherwise decline	At underwriter's discretion	Date of diagnosis? What symptoms do you have? When do you experience symptoms? Frequency of attacks/symptoms per week? Medications prescribed? How often meds or inhalers are used? How often are nebulizer treatments done? Last date used oral steroids? Last ER or hospital visit and length of stay? Ever have lung surgery? Date? Date of last lung function testing? Results? FEV1%? Last tobacco use? Ever prescribed oxygen? Any history of comorbidities?	Severe condition Use of supplemental oxygen Frequent ER or inpatient visits Poor lung function Noncompliance with treatment	Steroid therapy Polio Low BMI (underweight) Tobacco use Coronary artery disease Hypertension Congestive heart failure Sleep apnea
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes					
LTC RIDER	Yes	Nonsmoker: Mild to moderate – standard to table 1; Severe – decline Smoker: Mild – table 1; Moderate – table 3; Severe – decline				
MONTHLY DISABILITY INCOME RIDER	Yes (with exclusion rider)					

CANCER*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard to table 8	Yes	Cancer type? Location? Date of diagnosis? Stage and grade? Any metastisis? Treatment(s) received? Dates of treatments? Remission or cure date? Date of any recurrance? Any history of comorbidities? Any lymph nodes involved? How many?	Watch-and-wait treatment plan Currently under treatment Pending testing or treatment Inability to perform ADLs Elevated PSA, CEA, or other tumor marker Any metastasis or recurrence(for LTC and Chronic Riders) Any diagnosis in last 12 months (MDI rider)	Any residual organ failure, damage Complications from cancer or treatment Depression, anxiety Chronic pain or fatigue
CRITICAL ILLNESS RIDER	Only non-melanoma, noninvasive skin cancers	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Some forms of bladder, brain, breast, cervical, colon/rectal, esophageal, Hodgkin's disease, Stage I, lymphoma Stage I, some melanomas, pancreas, prostate, stomach, testicular, thyroid, uterine					
LTC RIDER		Standard to table 2				
MONTHLY DISABILITY INCOME RIDER	Internal cancers and melanoma – decline Non-melanoma skin – Yes					

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COPD

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild – tables 2 to 4 Moderate – tables 5 to 8 Severe – decline	Yes	Date of diagnosis? What symptoms do you have? When do you experience symptoms? Frequency of attacks/symptoms per week? Medications prescribed? How often meds or inhalers are used? How often are nebulizer treatments done? Last date used oral steroids? Last ER or hospital visit and length of stay? Ever have lung surgery? Date? Date of last lung function testing? Results? FEV1%? Last tobacco use? Ever prescribed oxygen? Any history of comorbidities?	Late stage or severe condition FEV1 < 60% Chronic steroid use Oxygen supplementation Inability to perform ADLs Use of assistive devices Ratable for tobacco	Steroid therapy Polio Low BMI (underweight) Coronary artery disease Hypertension Congestive heart failure Sleep apnea Tobacco
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes					
LTC RIDER	Yes	Standard to table 4				
MONTHLY DISABILITY INCOME RIDER	No					

HYPERTENSION*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Standard if well controlled	At underwriter's discretion	Date of diagnosis? Cause of hypertension? Last blood pressure reading? Date? Medications prescribed? Any other cardiovascular conditions? Any kidney issues? Any history of comorbidities?	Uncontrolled or high readings Noncompliance with treatment Complications of uncontrolled blood pressure	Cardiovascular diseases (coronary artery disease, stroke, peripheral vascular disease) High BMI (overweight) Kidney disease Diabetes Retinopathy
CRITICAL ILLNESS RIDER	Yes, max 170/100	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes					
LTC RIDER	Yes	Standard to table 4				
MONTHLY DISABILITY INCOME RIDER	Yes					

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RHEUMATOID ARTHRITIS

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild (minimal disease activity, well controlled on NSAIDs, mild functional limitations) – standard to table 2 Moderate (chronic joint inflammation, not completely controlled with NSAIDS, evidence of anemia) – table 3 to 4 Severe (disability and pain, organ involvement, continuous treatment) – tables 5 to 8	At underwriter's discretion	Date of diagnosis? Current and past treatments Any limits on physical activity? What part(s) of body are affected? Any time off work due to condition? Dates off work? Rheumatologist/doctor name, address, phone number, and date last seen Any history of comorbidities?	Confined to bed or wheelchair	Depression Anxiety Use of immunosuppressants Chronic steroid therapy Drug/alcohol abuse
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes (mild cases only)		Yes			
LTC RIDER	Yes	Mild – standard to table 1 Moderate – tables 2 to 3 Severe – decline				
MONTHLY DISABILITY INCOME RIDER	No					

OBSTRUCTIVE SLEEP APNEA (OSA)*

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Mild – standard Moderate – standard to table 3 Severe – standard to table 6	At underwriter's discretion	Date of diagnosis? Date of last sleep study and results (mild, moderate, or severe)? Any oxygen use? What type of treatment? If CPAP recommended, how often is it used?	Substance abuse Poor driving record Oxygen use Ratable COPD or asthma	Hypertension Coronary artery disease Stroke/TIA Obesity COPD Asthma Heart arrhythmias
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes				Severe condition Oxygen use	
LTC RIDER	Yes	Mild to moderate – standard Severe – individual consideration				
MONTHLY DISABILITY INCOME RIDER	No					

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STROKE

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Table 2 to decline	Yes	Date of stroke(s) What was the cause? Any residual effects? Medications prescribed? Any assistance needed with activities of daily living (ADLs)? Neurologist/doctor name, address, phone number? Last date seen? Any history of comorbidities?	Stroke in past 6 months Multiple strokes Comorbidities rated > table 4	Heart disease Peripheral vascular disease Obesity Diabetes Hypertension Tobacco use
CRITICAL ILLNESS RIDER	No					
CHRONIC ILLNESS RIDER[1]	Yes	Standard if base rate table 4 or better, otherwise decline				
LTC RIDER	Yes	Standard to table 3				
MONTHLY DISABILITY INCOME RIDER	No					

ATRIAL FIBRILLATION

	COVERAGE ELIGIBILITY	AVAILABLE RATES**	IS THE APS NEEDED?	IMPAIRMENT SPECIFIC QUESTIONS TO ASK	COVERAGE KNOCKOUTS	POTENTIAL COMORBID CONDITIONS***
TERM AND IUL	Yes	Non-chronic, no underlying heart disease, short durations, less than four episodes per year – standard to table 2 Chronic AFib – tables 2 to 4	Yes	Date of diagnosis? How many episodes and when was last episode? Medications prescribed? Past and current treatment? Any surgery/ablation? Any cardiac tests performed? Type, date, and results? Any history of comorbidities?	With heart disease, stroke, or valvular heart disease New finding on EKG and no evaluation Poorly controlled hypertension	Coronary artery disease Stroke or TIA Hypertension Diabetes
CRITICAL ILLNESS RIDER	Yes	Standard if base rate table 4 or better, otherwise decline				
CHRONIC ILLNESS RIDER[1]	Yes					
LTC RIDER	Yes	Non-chronic, no underlying heart disease, short durations, less than four episodes per year – standard to table 2 Chronic AFib – tables 1 to 3				
MONTHLY DISABILITY INCOME RIDER	No					

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